

State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712

ELIZABETH CONNOLLY
Acting Commissioner

VALERIE HARR Director

KIM GUADAGNO Lt. Governor

CHRIS CHRISTIE

Governor

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES

Z.N.,

PETITIONER,

٧.

DIVISION OF MEDICAL ASSISTANCE
AND HEALTH SERVICES AND
HUDSON COUNTY BOARD OF
SOCIAL SERVICES,

RESPONDENTS.

ADMINISTRATIVE ACTION
FINAL AGENCY DECISION

OAL DKT. NO. HMA 11891-14

As Director of the Division of Medical Assistance and Health Services, I have reviewed the record in this matter, consisting of the Initial Decision, the documents in evidence, and the entire contents of the OAL case file. No exceptions to the Initial Decision were filed. Procedurally, the time period for the Agency Head to file a Final Agency Decision is May 8, 2015 in accordance with N.J.S.A. 52:14B-10 which requires

an Agency Head to adopt, reject or modify the Initial Decision within 45 days of the agency's receipt. The Initial Decision was received on March 24, 2015.

Based upon my review of the record, I hereby ADOPT the findings, conclusions and recommended decision of the Administrative Law Judge in their entirety and incorporate the same herein by reference. Petitioner receives Social Security benefits in the amount of \$1,079 per month. Petitioner and his spouse live with an adult son and daughter. The house is owned by the son and his wife. The Medicaid Only eligibility income standard for a couple living in the household of another is \$814.43. See N.J.A.C. 10:71-5.6(c)5. Petitioner's \$1,079 in social security benefits clearly exceeds the amount to qualify for the Medicaid Only program.

THEREFORE, it is on this day of MAY 2015,

ORDERED:

That the Initial Decision is hereby ADOPTED.

Valerie J. Harr, Director

Division of Medical Assistance

and Health Services